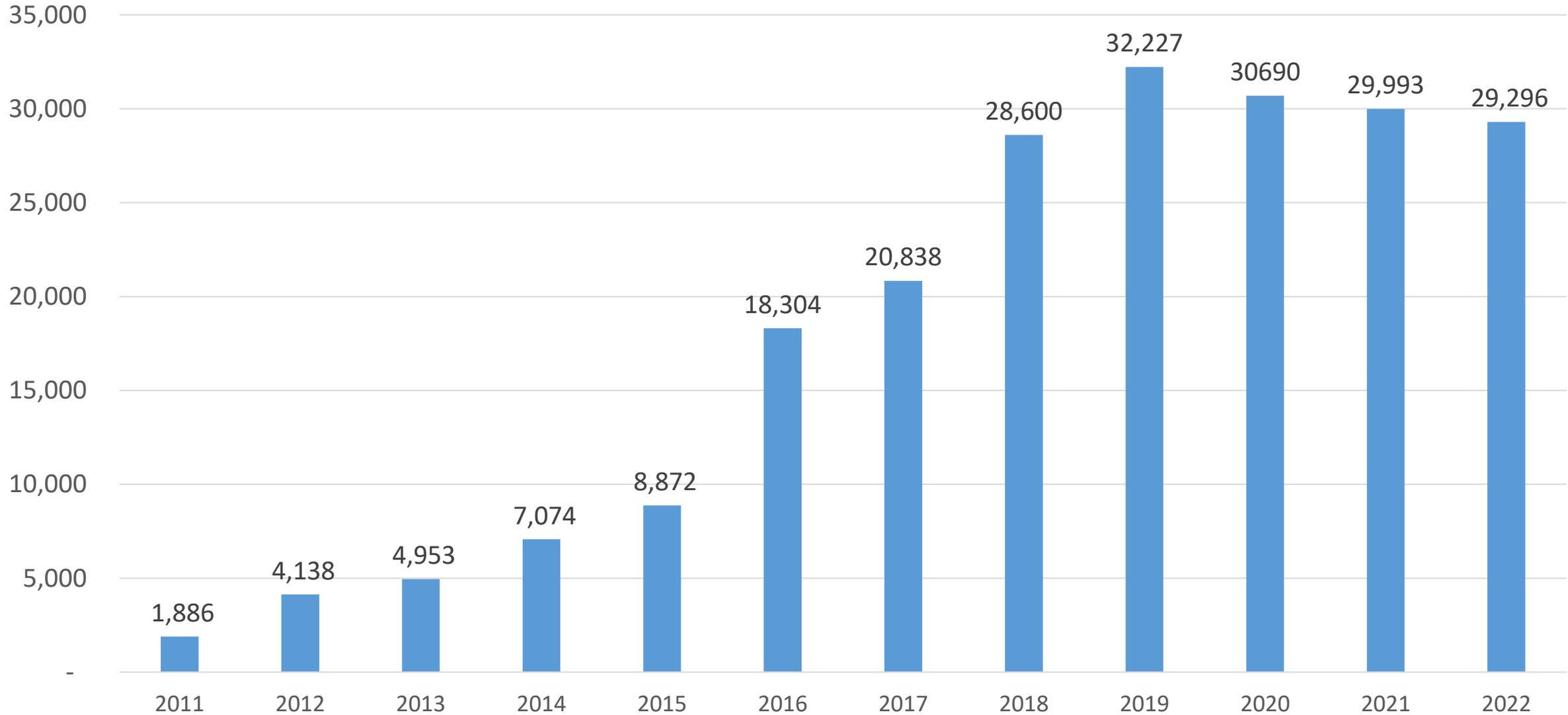


# Medicaid Policy Highlights

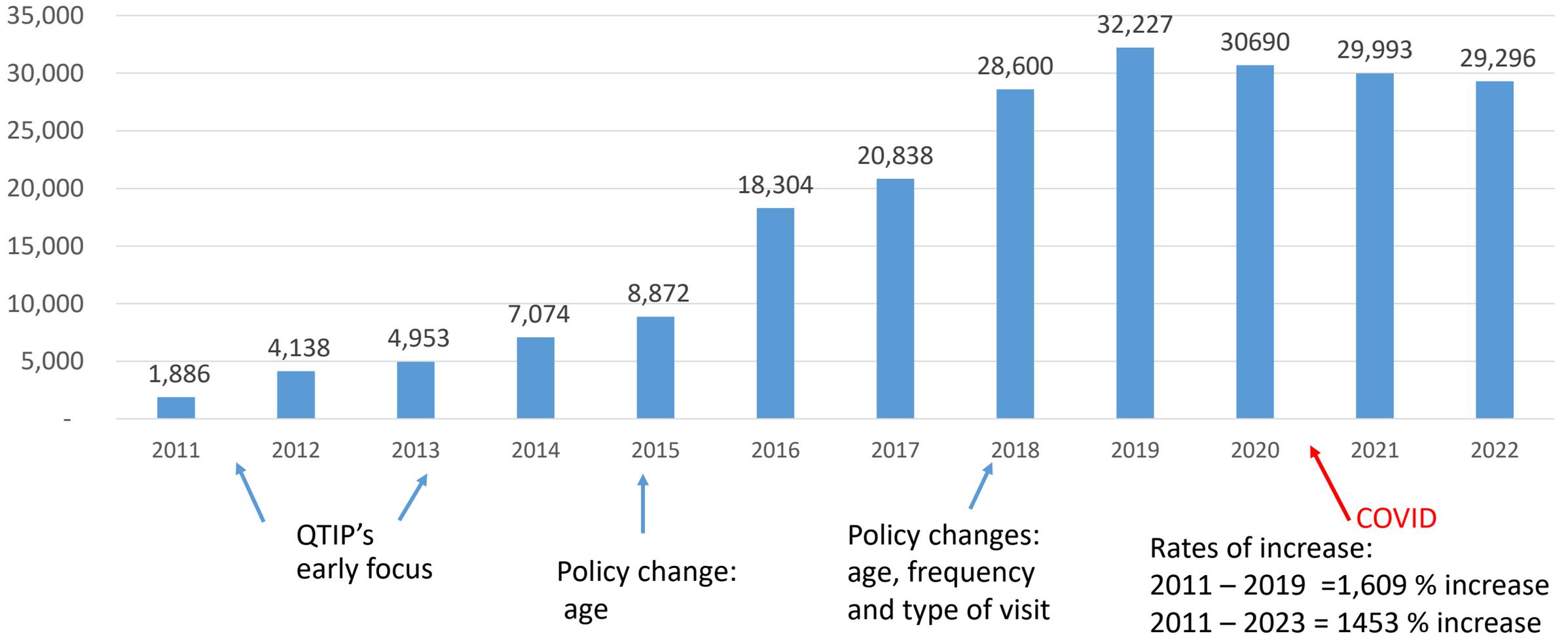
## Medicaid policy highlights

- Medicaid policy
- Data
- Resources
- HEDIS measures

# Medicaid Children ages 0-18 receiving fluoride varnish in a non dental setting



# Medicaid Children ages 0-18 receiving fluoride varnish in a non dental setting



# Medicaid Policy

Medicaid Physician's Manual (page 52)

<http://provider.scdhhs.gov/internet/pdf/manuals/Physicians/Manual>

## (EPSDT)

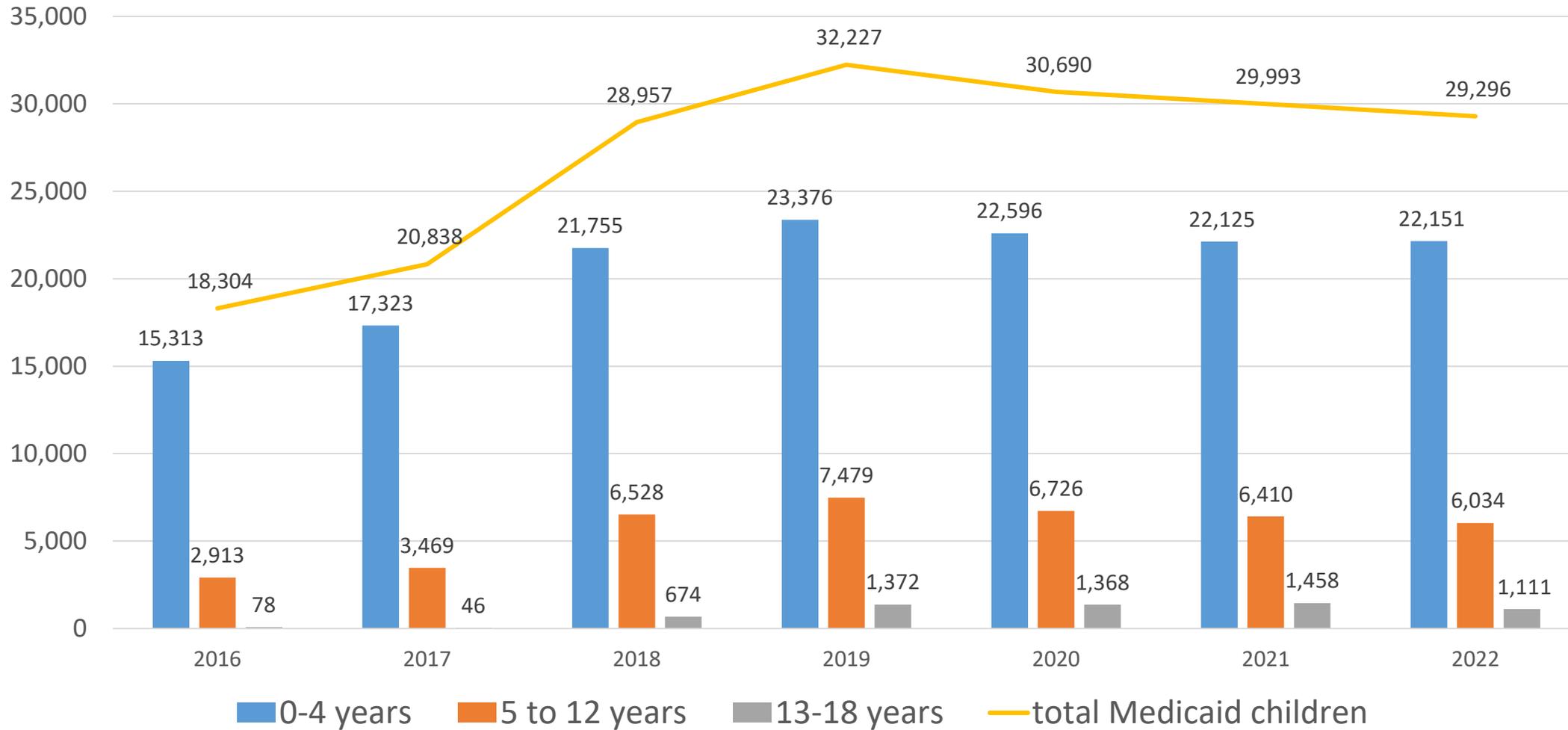
Topical Fluoride Varnish — South Carolina Healthy Connections children can receive topical fluoride varnish during sick or well child visits from the eruption of their first tooth through the month of their 21st birthday.

- Children ages zero through six may receive a maximum of four applications per year, while
- children ages seven through 20 may receive one application per year (365 days).

Update regarding training requirements:

Proof of training is no longer required by SCDHHS for billing purposes. Each office can make their business and clinical decisions on the need of their staff for training, and maintenance of those documents. SCDHHS will not ask for proof of training, as it is expected all staff that perform the service, are doing so based on what is allowed in their scope of practice.

# Trends in Medicaid Administrative Claims



1.3 children between the ages of 0-4 received more than 1 application of fluoride varnish

# Medicaid Reimbursement and Resources

- 99188 \$16.20
- FQHC – paid within T-1015

## Reminders:

- Fluoride Varnish can be applied in physician office REGARDLESS of FV applications applied in dentist office
- Referrals to dentist



Training Curriculum can be found on the QTIP Website  
<https://msp.scdhhs.gov/qtip/>

Smiles for Life  
*A national oral health curriculum*

To find Dentist in your area:

1. [DentaQuest](http://healthsparq.com) - Search homepage ([healthsparq.com](http://healthsparq.com))
2. SCDHHS- [Providers](http://scdhhs.gov) ([scdhhs.gov](http://scdhhs.gov))

# Policy

SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES

Healthy Connections  
MEDICAID



## Preventive Pediatric Health Care Services

The Oral Health Section of the Periodicity Schedule is an expansion of the Physicians Preventive Pediatric Health Care Recommendations developed by the American Academy of Pediatric / Bright Futures. These recommendations are designed for the care of children who are receiving competent parenting, have no manifestations of any important health problems, and are growing and developing in a satisfactory fashion.

Oral Health Section																																						
Oral Health	INFANCY						EARLY CHILDHOOD						MIDDLE CHILDHOOD						ADOLESCENCE																			
Age	N	3-5d*	1M	2M	4M	6M	9M	12M	15M	18M	24M	30M	3Y	4Y	5Y	6Y	7Y	8Y	9Y	10Y	11Y	12Y	13Y	14Y	15Y	16Y	17Y	18Y	19Y	20Y	21Y							
Oral screening and referral <sup>1</sup>	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•							
Fluoride Varnish <sup>2</sup>					*	←-----→																																
Fluoride Supplements <sup>3</sup>						*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*							
Anticipatory Guidance <sup>4</sup>	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•							

• to be performed      \* assessing risk      ←-----→ Range during which a service may be performed

1. Perform an oral screening of child's gums and teeth at each EPSDT visit; assess whether child has a dental home and the risk for tooth decay/ dental diseases starting at 6 months of age or at the eruption of first tooth, whichever is earlier. Proper referral for treatment and follow up must occur for all children based on the findings of the oral screening. At each visit, refer all children for routine care, preventive services and examination at the eruption of first tooth and no later than 12 months of age to ensure establishment of a dental home. Providers may use standardized tools or questionnaires developed by AAP access at: [https://www.aap.org/en-us/Documents/oralhealth\\_RiskAssessmentTool.pdf](https://www.aap.org/en-us/Documents/oralhealth_RiskAssessmentTool.pdf)
2. Child may receive Fluoride Varnish during a well visit or sick visit starting at the eruption of first tooth through the month of the 21st birthday. Children ages 0 through 6 (up to the month of the 7th birthday) may receive a maximum of four (4) applications per year and children ages 7-21 may receive one application of Fluoride varnish per year.
3. If primary water source is deficient in fluoride and child does not have a dental home consider oral fluoride supplementation. To check on the levels of water fluoride by each Community Water System go to Centers for Disease Control and Prevention (CDC) website at: [https://nccd.cdc.gov/DOH\\_MWF/Default/CountyList.aspx](https://nccd.cdc.gov/DOH_MWF/Default/CountyList.aspx). For the appropriate dosage of fluoride supplements refer to American Academy of Pediatric Dentistry (AAPD) Dietary Fluoride Supplementation Schedule at: [http://www.aapd.org/media/Policies\\_Guidelines/G\\_FluorideTherapy.pdf](http://www.aapd.org/media/Policies_Guidelines/G_FluorideTherapy.pdf)
4. At each visit provide anticipatory guidance focusing on child's risk factors identified during the oral screening/evaluation. The anticipatory guidance should include but not limited to: Oral Hygiene Education; Nutritional counseling; Non-nutritive habits; drinking water source; dental injury prevention; substance abuse counseling.

# Risk Assessments

## Oral Health Risk Assessment Tool

The American Academy of Pediatrics (AAP) has developed this tool to aid in the implementation of oral health risk assessment during health supervision visits. This tool has been subsequently reviewed and endorsed by the National Interprofessional Initiative on Oral Health.

### Instructions for Use

This tool is intended for documenting caries risk of the child, however, two risk factors are based on the mother or primary caregiver's oral health. All other factors and findings should be documented based on the child.

The child is at an absolute high risk for caries if any risk factors or clinical findings, marked with a **▲** sign, are documented yes. In the absence of **▲** risk factors or clinical findings, the clinician may determine the child is at high risk of caries based on one or more positive responses to other risk factors or clinical findings. Answering yes to protective factors should be taken into account with risk factors/clinical findings in determining low versus high risk.

Patient Name: _____ Date of Birth: _____ Date: _____		
Visit: <input type="checkbox"/> 6 month <input type="checkbox"/> 9 month <input type="checkbox"/> 12 month <input type="checkbox"/> 15 month <input type="checkbox"/> 18 month <input type="checkbox"/> 24 month <input type="checkbox"/> 30 month <input type="checkbox"/> 3 year <input type="checkbox"/> 4 year <input type="checkbox"/> 5 year <input type="checkbox"/> 6 year <input type="checkbox"/> Other _____		
RISK FACTORS	PROTECTIVE FACTORS	CLINICAL FINDINGS
<ul style="list-style-type: none"> <li>▲ Mother or primary caregiver had active decay in the past 12 months <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>● Mother or primary caregiver does not have a dentist <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>● Continual bottle/sippy cup use with fluid other than water <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>● Frequent snacking <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>● Special health care needs <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>● Medicaid eligible <input type="checkbox"/> Yes <input type="checkbox"/> No</li> </ul>	<ul style="list-style-type: none"> <li>● Existing dental home <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>● Drinks fluoridated water or takes fluoride supplements <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>● Fluoride varnish in the last 6 months <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>● Has teeth brushed twice daily <input type="checkbox"/> Yes <input type="checkbox"/> No</li> </ul>	<ul style="list-style-type: none"> <li>▲ White spots or visible decalcifications in the past 12 months <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>▲ Obvious decay <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>▲ Restorations (fillings) present <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>● Visible plaque accumulation <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>● Gingivitis (swollen/bleeding gums) <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>● Teeth present <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>● Healthy teeth <input type="checkbox"/> Yes <input type="checkbox"/> No</li> </ul>
ASSESSMENT/PLAN		
<b>Caries Risk:</b> <input type="checkbox"/> Low <input type="checkbox"/> High <b>Completed:</b> <input type="checkbox"/> Anticipatory Guidance <input type="checkbox"/> Fluoride Varnish <input type="checkbox"/> Dental Referral	<b>Self Management Goals:</b> <input type="checkbox"/> Regular dental visits <input type="checkbox"/> Dental treatment for parents <input type="checkbox"/> Brush twice daily <input type="checkbox"/> Use fluoride toothpaste	<input type="checkbox"/> Wean off bottle <input type="checkbox"/> Less/No juice <input type="checkbox"/> Only water in sippy cup <input type="checkbox"/> Drink tap water <input type="checkbox"/> Healthy snacks <input type="checkbox"/> Less/No junk food or candy <input type="checkbox"/> No soda <input type="checkbox"/> Xylitol

### Treatment of High Risk Children

If appropriate, high-risk children should receive professionally applied fluoride varnish and have their teeth brushed twice daily with an age-appropriate amount of fluoridated toothpaste. Referral to a pediatric dentist or a dentist comfortable caring for children should be made with follow-up to ensure that the child is being cared for in the dental home.

Adapted from Barnes-Gorrie FJ, Crystal VO, Top MW, Crall JJ, Featherstone JD. Pediatric dental care: prevention and management protocols based on caries risk assessment. J Calif Dent Assoc. 2010;38(10):746-761. American Academy of Pediatrics Section on Pediatric Dentistry and Oral Health. Preventive oral health intervention for pediatrics. Pediatrics. 2003; 112(6):1387-1394; and American Academy of Pediatrics Section of Pediatric Dentistry. Oral health risk assessment timing and establishment of the dental home. Pediatrics. 2003; 111(5):1113-1116. The recommendations in this publication do not include an exclusive course of treatment or serve as a standard of medical care. Variations, taking into account individual circumstances, may be appropriate. Copyright © 2011 American Academy of Pediatrics. All Rights Reserved. The American Academy of Pediatrics does not review or endorse any modifications made to this document and it is no longer that the AAP be liable for any such changes.

American Academy of Pediatrics  
DEDICATED TO THE HEALTH OF ALL CHILDREN™



National Interprofessional Initiative  
on Oral Health  
engaging clinicians  
improving dental care

## Oral Health Risk Assessment

CHILD'S NAME \_\_\_\_\_ AGE \_\_\_\_\_

### CHILD'S HEALTH HISTORY:

Did birth/mother have any problems during pregnancy?	Y	N
Was child premature?	Y	N
Were there any complications during birth?	Y	N
If Yes to any of the above, explain _____		

### PARENT'S DENTAL HISTORY:

Mother: Do you receive regular dental care?	Y	N
Have you ever had dental decay?	Y	N
Father: Do you receive regular dental care?	Y	N
Have you ever had dental decay?	Y	N

### DIET AND NUTRITION:

Is/was your child breastfed?	Y	N
Does your child sleep with a bottle?	Y	N
Does your child drink juice or sugar sweetened beverages?	Y	N
How many meals/snacks does your child eat per day? _____		

### ORAL HYGIENE:

Do you brush your child's teeth/gums?	Y	N
If Yes, how often _____		
Do you use fluoride toothpaste to clean your child's teeth?	Y	N

### FLUORIDE:

Does your child drink tap water?	Y	N
If yes, is the water filtered?	Y	N
Does your child drink bottled water?	Y	N
If yes, is it fluoridated?	Y	N

PARENTS SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

# Is Fluoride in the water?

<https://nccd.cdc.gov/DOH-MWF> “My Water’s Fluoride”

Centers for Disease Control and Prevention  
CDC 24/7: Saving Lives, Protecting People™

## My Water's Fluoride

My Water's Fluoride Home

About My Water's Fluoride

Community Water Fluoridation

State Fluoridation Reports

My Water's Fluoride Glossary

Related Sites

Oral Health Resources

Other Data Systems

Oral Health Home

Water with fluoride protects teeth from tooth decay

It is Important to know the level of fluoride in your drinking water.

My Water's Fluoride (MWF) allows consumers to learn about the fluoride level in their drinking water. Also, you can learn about the number of people served by the system and the water source. [Learn more >](#)

Find Water System Information

Participating State: South Carolina

[Search by Water System](#)

## State, County, and Area

### 32 Water Systems Found

Select a water system to view details

Richland County, South Carolina 1 - 20 of 32		Items Per Page 20	
Name	Fluoridated	PWS-ID	Primary County
AAA/LANDS POINT S/D	No	SC-4050004	Richland
ASHLEY ACRES MHP	No	SC-4060038	Richland
BAY CAPITAL WATER WORKS	No	SC-4050031	Richland
BELAIRE MHP	No	SC-4060009	Richland
CEDAR CREEK MHP	No	SC-4060035	Richland
COLUMBIA, CITY OF	Yes	SC-4010001	Richland
CRESTHAVEN MHP	No	SC-4060001	Richland
EASTOVER, TOWN OF	No	SC-4010002	Richland
FORT JACKSON	Yes	SC-4010501	Richland

# HEDIS measure

## Topical Fluoride for Children (new)

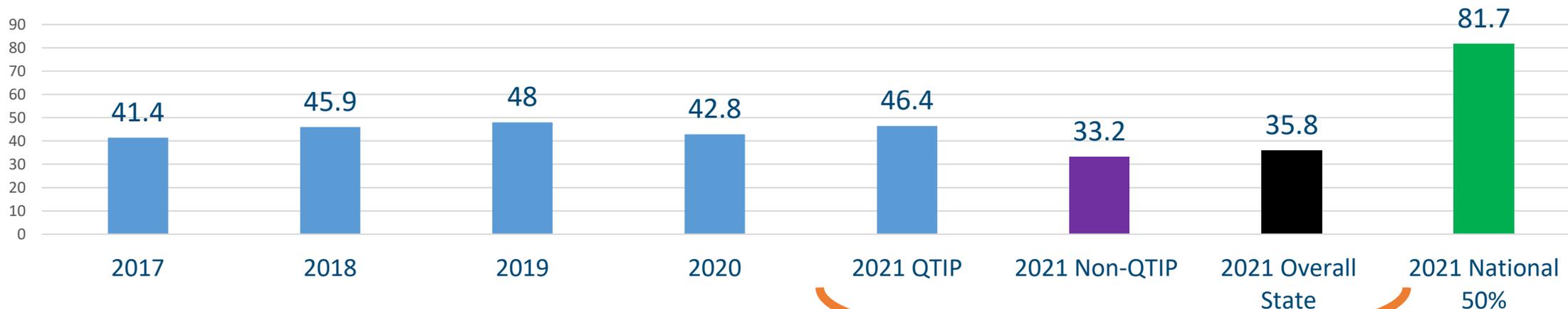
The percentage of members 1-4 years of age who received at least two fluoride varnish application during the measurement year.

## Oral Evaluation (dental services)

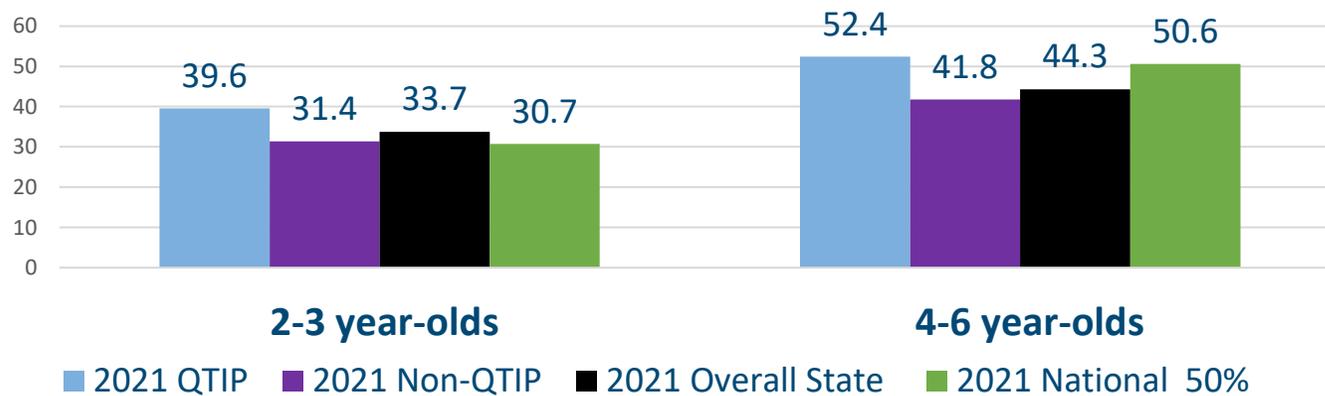
The percentage of members under 21 who received a comprehensive or periodic oral evaluation with a dental provider during the measurement year.

# HEDIS-like Administrative Claims Data - 2021

## Annual Dental Visits - Total



## Annual Dental by Age



# Questions

